DATE	TIME START	TIME END

CLIENT

TOPIC	TYPE OF MEETING	LOCATION
	☐ Telephone ☐ Videoconference ☐ Face to Face	

CLIENT/REPRESENTATIVES	ADVISER REPRESENTATIVES

ACTIONS	CONFIRMATION
☐ Provide FSG	☐ I tested their understanding of my service/offer
☐ Prepare recommendation	☐ I confirmed my understanding of their needs
☐ Change arrangements	☐ I checked their understanding of the consequences and implications
☐ Other	☐ I obtained their informed consent

CONTEXT

Signature: **Date:**